

REQUEST FOR CHANGE OF OPERATOR
TRANSFER OF INJECTION AUTHORIZATION
OR TRANSFER OF SURFACE POND PERMIT

KANSAS CORPORATION COMMISSION
CONSERVATION DIVISION
130 S MARKET, ROOM 2078
WICHITA, KANSAS 67202

DKR 1166713

RECEIVED

JAN 09 2004

KCC WICHITA

Check Applicable Boxes:

Effective Date of Transfer 11-1-03

[] Oil Lease: No. of Wells 3 **

Lease Name Frederick

[] Gas Lease: No. of Wells **

Sec 17 T 23 R 3 WE

** SIDE TWO MUST BE COMPLETED **

Legal Description of Lease RECEIVED

[] Saltwater Disposal Well - Docket No.

N/2 NW/4

Spot Location: feet from N/S Line

FEB 19 2004

 feet from E/W Line

[] Enhanced Recovery Proj. Docket No.

County Harvey KCC WICHITA

Entire project: Yes/No

Production Zone(s) Mississippi

Number of injection wells **

Field Name N. Burton

Injection Zone(s)

Surface Pond Permit #
(API No. If Drill Pit)

Feet from N/S Line of Section

Feet from E/W Line of Section

Identify: Emergency Pit ☐ Burn Pit ☐ Storage Pit ☐ Drill Pit ☐ K32

Past Operator's License No. 5808 Contact Person: Beryl Grow

Past Operator's Name and Address: W.R. Allam Phone: 620-663-6600

P.O. Box 2325
Hutchinson, KS. 67504

Date

Title Signature Beryl Grow

New Operator's License No. 33324 Contact Person Beryl Grow

New Operator's Name and Address: Allam Production Inc. Phone 620-663-6600

P.O. Box 2325
Hutchinson, KS. 67504

Oil/Gas Purchaser

Date 11-1-03

Title President Signature W.R. Allam

ACKNOWLEDGEMENT OF TRANSFER: The above request for transfer of injection authorization, surface pond permit # has been noted, approved and duly recorded in the records of the Kansas Corporation Commission. This acknowledgement of transfer pertains to Kansas Corporation Commission records only and does not convey any ownership interest in the above injection well(s) or pond permit.

 is acknowledged as the new operator and may continue to inject fluids as authorized by Docket # . Recommended action

 is acknowledged as the new operator of the above named lease containing the surface pond permitted by # .

Date 2/20/04 Authorized Signature

Date Authorized Signature

* When transferring a unit which consists of more than one lease please file a separate side two for each lease. If a lease covers more than one section please indicate which section each well is located.